A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: (check only one)						PAGE 471 / 476			
FEMIZED DISBURSEMENTS		category of the Summary Page		21b 27		´ -	X 23 28b		24 28c	25 29		26 30b
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NAME OF COMMITTEE (In Full)	= and addres	ss of any political	COMMIN	iee io s	Olicit C	OHUH	Julions II	om su	CIT CO	mmuee		
MEDCO HEALTH SOLUTIONS INC. POLI	TICAL AC	TION COMMIT	ΓΤΕΕ (	a.k.a.	Medo	ю Не	ealth PA	AC)				
Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL PAC						ate of	ction ID Disburs	ement		66434		
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NANCY PELOSI FOR CONGRESS							Disburs			00+00		
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UBTOTAL of Disbursements This Page (optional)						-			12	2500.0	0	
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